



Testimony of Richard Bright, AARP Volunteer Leader

On Proposed S.B. 290 and Proposed H.B. 5455

Aging Committee

February 10, 2015

Good morning, Chairpersons Flexer and Serra, Ranking Members Kelly and Bolinsky, members of the Aging Committee, I want to thank you for the opportunity to speak in support of Proposed Senate Bill 290 and Proposed House Bill 5455, which will enable family caregivers to help their loved ones remain in their home as they age.

My name is Rich Bright. I am an AARP volunteer leader from Seymour. AARP is a nonpartisan, social mission organization with an age 50+ membership of nearly 37 million nationwide, and approximately 600,000 here in Connecticut. AARP helps people turn their goals and dreams into real possibilities, strengthens communities and fights for issues that matter most to families such as healthcare, family caregiving, independent living, retirement savings, employment, affordable utilities and protection from financial abuse.

These bills are very important to me. I have spent the past several months traveling around our state speaking with family caregivers, listening to, not only stories of struggles and frustration, but stories of love and responsibility.

My experience as a caregiver started at age 18 when my father passed away. My mother didn't drive and, as she got older, she developed COPD. I spent a lot of time taking her to the hospital, listening to nurses and doctors. Back then their message was: "your mother is fine, take her home." Today caregivers tell me they still feel that the message is the same . . . "take her home."

When it comes to performing complex, medically-oriented tasks for their loved ones, caregivers are often left to their own devices; presented with a flurry of information and then shown the door.

When it comes to supporting family caregivers, I believe that educating them is essential. The objective of these two bills is to ensure that family members are prepared to take on medical and nursing tasks in their homes.

My caregiving story pales in comparison to many others. I remember a woman named Pat who was at one of the caregiver listening sessions I was moderating. When she brought her husband home – she had to administer shots – something she has never done. And assist with toileting - again, something she has never done. She was told to simply “take her husband home; he’s not going to be around for very long.”

For me, it is very simple, if we don’t give caregivers the tools they need to succeed, we are setting them up for failure. We are adding undo pressure to an already stressful situation.

A demand for new models of care and a greater access to information has been created by the fact that an increasing number of Baby Boomers find themselves in the sandwich generation caring for both children and parents.

This coupled with the need to coordinate a complex set of conditions has left "caregivers trying to tie together the fragmented pieces of their family member's care with several different clinicians, hospital stays, and transitions between settings." AARP Public Policy Institute's 2014 Long Term Scorecard showed that Connecticut ranked 30th out of 50 states with respect to the support that family caregivers receive. “Below average” simply won’t cut it when Connecticut’s older population is poised to increase dramatically over the next few years.

Providing caregivers with the recognition and training they need and deserve, I believe, will reduce hospital readmission, lead to better health outcomes and support senior’s preference to age in their own home.

Thank you!

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